FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lows 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, ell statements and reports for State PACs and State Parties must be filed electronically.

AAPIPAIGN DISCLOSURE

2014 MAY 19 AM 7: 09

COMMITTEE NAME (Must be same as on Statement of C	Organization)		
WHITE for Supervis	sor	FORM	
IMPORTANT: Indicate by # type of committee you are reporting f (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Casubdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	for: 2)State PAC (3)State Party	DR-2 (Rev. 12/2009) For Office Use On Comm. # 181	
CANDIDATE COMMITTEES ONLY: Candidate Name CRAIG White Office Sought	Political Party (If applicable) ALM District (If Senate or House)	Scanned Computer Audited	
Late reports are subject to possible civil and criminal penalties, candidate's committee, and the chairperson, for any other type	Purcuant to lowe Code sections 698 334(7) and	68A.401(3), the car	ndidate, for a
SIGNATURE OF PERSON FILING REPORT	319 215 7104 TELEPHONE	5/9/14 BATES	GNED
AM FILING A MAY 19, Z014	Indicate by #	N-ELECTION YEA	AR.
CHECK IF AMENDMENT TO REPORT DATED	Local Co	ommittees, enter Dat	e of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is fill	e of Dissolution Form DR-3.	Local Committees, ection is held	enter County in
	(0)	tick title	
STATEMENT OF CASH ON HAI			
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the	ND Total of all funds held by the		
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For Instructions, See Back of Form

Reset Form

	THE CEIF 13
(Rev. 12/13)	MONETARY
SCHEDULE	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as White for Supervisor	on Statement of Organization)
TATE CANDIDATES	

	-		_
CHECK	THIS	BOX	IF
VINIEWDI	INGF	ORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FUNI
	ID#		(if applicable)		RAISE
5-1-14	CK#	Veridian Bank 1827 Ansborough Ave		\$.24	INCO
	ID#	Waterloo, IA 50701		,	
	CK#				
	ID#				
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OSUTE law soo		TOTAL (if last page of	this schedule) \$		
ttee. Relationship	s candidate committees to p must be shown to the thin e of contributor is the sam	disclose the relationship of	\$	-24	

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no Page ____ _ of _____ familial relationship. (for Schedule A)